



Health Issues

July 2009

Protecting Our Children from the Dangers of Smoking

From The White House Blog, June 22nd, 2009

The President expressed his appreciation for Senator Ted Kennedy above all today. Lamenting that the senator could not be there for the signing of Family Smoking Prevention and Tobacco Control Act, he called it "change that's been decades in the making." By all accounts, it is the strongest measure protecting children from the dangers of smoking to date. He recounted the all-too-familiar statistics: that more than 400,000 Americans now die of tobacco-related illnesses each year; that more than 8 million Americans suffer from at least one serious illness caused by smoking; and that almost 90% of all smokers began at or before their 18th birthday.



President Barack Obama, joined by members of Congress, and others, signs the Family Smoking Prevention and Tobacco Control Act, Monday, June 22, 2009, during a ceremony in the Rose Garden of the White House in Washington. (AP Photo/Pablo Martinez Monsivais)

<http://www.whitehouse.gov/blog/Protecting-Our-Children-from-the-Dangers-of-Smoking/>

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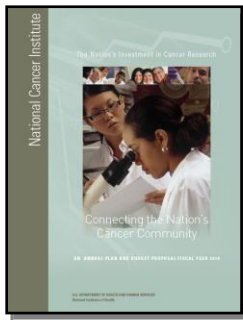
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THE NATION'S INVESTMENT IN CANCER RESEARCH. CONNECTING THE NATION'S CANCER COMMUNITY: AN ANNUAL PLAN AND BUDGET PROPOSAL FISCAL YEAR 2010. U.S. Department of Health, NIH National Cancer Institute. March 2009

The National Cancer Institute currently operates at an annual budget of about \$4.8 billion, according the NIH budget Web site. NCI has posted on its Web site an annual plan and budget proposal for FY 2010 called "Connecting the Nation's Cancer Community." The plan outlines how an

increased investment of \$2.1 billion, which would roughly bring NCI's budget to the \$6 billion proposed by the Obama administration, would be spent. NCI Director John C. Niederhuber writes in the NCI plan that while cancer death rates have been decreasing by about 1 percent each year since 1991, as a disease burden cancer is rising around the world. By 2010, Niederhuber said, cancer is expected to pass heart disease as the number one cause of death.

http://plan.cancer.gov/pdf/nci_2010_plan.pdf



BULLETIN OF THE WORLD HEALTH ORGANIZATION; The International Journal of Public Health. Volume 87, Number 7, July 2009

IN THIS MONTH'S BULLETIN:

Spain: Motorcycle licences and injury risk; Armenia: Food or medicine?; Asia: It's the health system, not the individual; Brazil: Chagas centenary; Kyrgyzstan: One system for all; Kenya: Post-rape care; Cambodia: Removing the barriers; Mexico: Democratization of health; Mexico: Improving care for diabetes; South Africa: BCG jabs for infants with

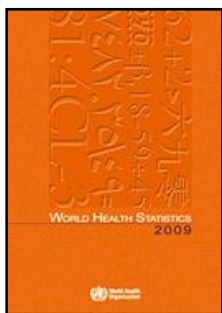
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<http://www.who.int/bulletin/volumes/87/7/en/index.html>

FEDERAL AND STATE CIGARETTE EXCISE TAXES UNITED STATES, 1995-2009. Centers for Disease Control and Prevention. May 22, 2009.

On April 1, 2009, the largest federal cigarette excise tax increase in history went into effect, bringing the combined federal and average state excise tax for cigarettes to \$2.21 per pack and achieving the Healthy People 2010 (HP2010) objective (27-21a) to increase the combined federal and average state cigarette excise tax to at least \$2 per pack. The report summarizes changes in the federal excise tax, as well as state excise taxes for all 50 states and the District of Columbia (DC) from December 31, 1995 to April 1, 2009.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a2.htm?s_cid=mm5819a2_x



WORLD HEALTH STATISTICS 2009. WHO, May 2009

World Health Statistics 2009 contains WHO's annual compilation of data from its 193 Member States, and includes a summary of progress towards the health-related Millennium Development Goals and targets.

This edition also contains a new section on reported cases of selected infectious diseases.

<http://www.who.int/whosis/whostat/2009/en/index.html>



NANO & BIOCIDAL SILVER. Friends of the Earth. Rye Senjen. June 11, 2009.

The report details the growing public health threat posed by nano-silver particles in consumer products. Silver has long been known to be a potent antimicrobial agent. However, its use has exploded in recent years, in medical applications and also in many consumer products, including children's toys, babies' bottles, cosmetics, textiles, cleaning agents, chopping boards, refrigerators and dishwashers. Much of the silver used in these products today is manufactured at the nano-scale, meaning it is present in extremely tiny particles that behave differently than larger particles and are especially potent. Studies suggest that the widespread use of nano-silver poses serious health and environmental risks and that it could promote anti-bacterial resistance, undermining its efficacy in a medical context. [PDF format, 48 pages].

http://www.foe.org/sites/default/files/Nano-silverReport_US.pdf



THE RECESSION'S TOLL ON EMPLOYEES' HEALTH: RESULTS OF A NATIONAL BUSINESS GROUP ON HEALTH SURVEY. National Business Group on Health. Helen Darling. May 27, 2009.

Underscoring the broad-based impact imposed by the worst economic environment in decades, the recession is taking a toll on some American workers' health and, consequently, is driving

many workers to make behavioral changes to improve their health and well-being and better control their own health care costs, according to the survey.

<http://www.businessgrouphealth.org/pdfs/PRESS%20CONFERENCE-%20RECESSION%20IMPACT%20ON%20EMPLOYEES%2052009.pdf>

SIGNIFICANT REDUCTION OF ANTIBIOTIC USE IN THE COMMUNITY AFTER A NATIONWIDE CAMPAIGN IN FRANCE, 2002-2007. PLoS Medicine. Elifsu Sabuncu et al. June 2009.

Overuse of antibiotics is the main force driving the emergence and dissemination of bacterial resistance in the community. France consumes more antibiotics and has the highest rate of beta-lactam resistance in *Streptococcus pneumoniae* than any other European country. In 2001, the government initiated "Keep Antibiotics Working"; the program's main component was a campaign entitled "Les antibiotiques c'est pas automatique" ("Antibiotics are not automatic") launched in 2002. The authors report the evaluation of this campaign by analyzing the evolution of outpatient antibiotic use in France 2000–2007, according to therapeutic class and geographic and age-group patterns. [HTML format, various paging].

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000084>

SELECTION, WEAR, AND TEAR: THE HEALTH OF HISPANICS AND HISPANIC IMMIGRANTS IN THE UNITED STATES. RAND Corporation. Ricardo Basurto-Davila. June 24, 2009.

The study discusses issues surrounding the health of Hispanics in general, and of Hispanic immigrants in particular. [PDF format, 139 pages]

http://www.rand.org/pubs/rgs_dissertations/2009/RAND_RGSD244.pdf

STRATEGIES AND MODELS FOR PROMOTING ADOLESCENT VACCINATION FOR LOW-INCOME POPULATION. RAND Corporation. Katherine M. Harris et al. June 3, 2009.

There is new and growing interest in adolescent immunization. Since 2005, three new vaccines for older children have been licensed in the United States and recommended by the Centers for Disease Control and Prevention. Although the majority of 13–17-year-olds have received recommended vaccines, rates remain below 2010 targets, and the coverage rates for low-income adolescents and minority youth are likely to be lower. The authors discuss barriers to expanded adolescent immunization and develop recommendations to address those barriers.

http://www.rand.org/pubs/documented_briefings/2009/RAND_DB577.pdf



GAME CHANGER: INVESTING IN DIGITAL PLAY TO ADVANCE CHILDREN'S LEARNING AND HEALTH. Robert Wood Johnson Foundation and Joan Ganz Cooney Center. Ann My Thai et al. June 23, 2009.

The study provides recommendations for the media industry, government, philanthropy and academia to harness the appeal of digital games to improve children's health and learning. It focuses especially on the vital connections that games and digital media can make in promoting children's potential. Among the promising games reviewed are Sesame Street's Color Me Hungry, featuring the Muppet Cookie

Monster and Dance Dance Revolution, a mass-market game used in hundreds of schools nationwide. These efforts are helping young children learn about nutrition, healthy habits and exercise. [PDF format, 64 pages].

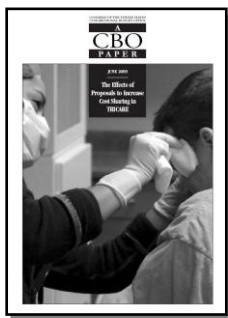
<http://www.rwjf.org/files/research/gamechanger200906232.pdf>

HEALTH CARE SYSTEM

THE PRESIDENT ON HEALTH CARE: "WE ARE GOING TO GET THIS DONE". The White House blog, Posted by Katherine Brandon. Friday, July 17th, 2009

In his remarks today at the White House, the President reiterated that health care reform cannot wait, and pledged to get it done this year. It is not the time to slow down, as consensus continues to build on the urgent need for reform. This week, the American Nurses Association and American Medical Association, two organizations who know the realities of health care firsthand, announced their support of legislation that will lower costs, expand coverage, and assure choice. The President explained that we are closer than ever before to passing real reform and this is not the time to slow down, pledging that the legislation will lower costs, expand coverage, assure choice and be deficit-neutral.

<http://www.whitehouse.gov/blog/The-President-on-Health-Care-We-are-Going-to-Get-this-Done/>



THE EFFECTS OF PROPOSALS TO INCREASE COST SHARING IN TRICARE. Congressional Budget Office. June 2009.

With the growth of health care costs outstripping the rate of growth of the economy, many policymakers worry that the current TRICARE program, which provides health care for the uniformed services, military retirees, and their families, will become unaffordable in the future. In its budget submissions for 2007, 2008, and 2009, the Department of Defense (DoD) proposed that the enrollment fees, deductibles, and copayments of some TRICARE beneficiaries be increased to encourage more efficient use of the system and to reduce medical spending. The President's budget

request for fiscal year 2010 did not include a similar proposal, but the issue of how to address the military's growing health care costs remains unresolved.

<http://www.cbo.gov/ftpdocs/102xx/doc10261/TRICARE.pdf> [PDF format, 34 pages].

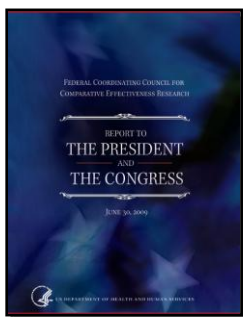


EMERGING HEALTH CARE ISSUES: FOLLOW-ON BIOLOGIC DRUG COMPETITION. Federal Trade Commission. June 2009.

The report examines whether the price of biologic drugs, products manufactured using living tissues and microorganisms, could be reduced by competition from so-called “follow-on biologics” (FOBs). FOBs are like generic drugs, but with significant differences. Biologics are increasingly used to treat arthritis, cancer, diabetes, and other diseases. No pathway currently exists for such FOBs to enter the market and compete with their pioneer counterparts. The FTC’s Report concludes

that providing the U.S. Food and Drug Administration (FDA) with the authority to approve such FOBs would be an efficient way to bring these lower-priced drugs to market. [PDF format, 120 pages].

<http://www.ftc.gov/os/2009/06/P083901biologicsreport.pdf>

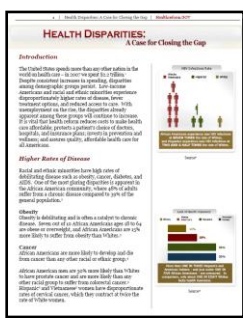


REPORT TO THE PRESIDENT AND THE CONGRESS. Federal Coordinating Council for Comparative Effectiveness Research. June 30, 2009.

Recommendations for how the HHS Office of the Secretary will spend \$400 million in funds for patient-centered research, also known as comparative effectiveness research, were released. The report, mandated by the American Recovery and Reinvestment Act, is designed to help the HHS Secretary and lawmakers improve the quality of care for patients, and provide patients and doctors the best information possible

to make decisions about health care. [PDF format, 77 pages].

<http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>



HEALTH DISPARITIES: A CASE FOR CLOSING THE GAP. Healthreform.GOV. June 9, 2009.

U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius released a report on health disparities in America and participated in a White House Health Care Stakeholder Discussion on the importance of reform that reduces disparities that exist in our current health care system. The report also notes that 40 percent of low-income Americans do not have health insurance. About one-third of the uninsured have a chronic disease, and they are six times less likely to receive care for a

health problem than the insured. In contrast, only 6 percent of high-income Americans lack insurance.

http://www.healthreform.gov/reports/healthdisparities/disparities_final.pdf

COMPETITIVE PRICING FOR ALL MEDICARE HEALTH PLANS. By Robert F. Coulman, Roger Feldman, and Bryan E. Dowd. AEI Online, Thursday, July 16, 2009

Medicare should use competitive pricing to set the government contribution to the traditional fee-for-service (FFS) Medicare plan and private Medicare Advantage (MA) plans. A competitive pricing system that used the lowest bid from any qualified plan to set the government contribution to all plans would save 8 percent of Medicare costs. A demonstration of competitive pricing is not



necessary because we know that this method is administratively practical and that it would save money.

<http://www.aei.org/outlook/100060>

THE CASE FOR REAL HEALTH CARE REFORM. By Joseph Antos. AEI Online, Tuesday, June 23, 2009

Every decade or two, politicians embark on a crusade to reform the American health care system. Theodore Roosevelt pushed for national health insurance in his 1912 run for president under the Progressive party banner. More recently, Harry Truman, John Kennedy, Lyndon Johnson, Richard Nixon, Jimmy Carter and Bill Clinton advanced health insurance proposals in presidential campaigns or while in office. Johnson, building on the initiatives of his predecessor, oversaw the creation of Medicare and Medicaid. Clinton's sweeping proposal for national health insurance failed, but he subsequently signed into law a small government insurance program for children.

Barack Obama has taken on the task of major health reform and, unlike his predecessors, he might succeed--in the sense that Congress could pass broad legislation. However, given the views of Congressional leadership, it is less clear that legislative success would yield a sustainable health care system based on values shared by most Americans.

The current health reform debate is the latest battle ground for the hearts and minds of the people. As we learned when that phrase was last popular, tactical victories in health reform will lead to strategic failures if the policy we pursue is fundamentally at odds with the core interests, behaviors, and beliefs of most of our fellow citizens.

<http://www.aei.org/docLib/20090623-Antos.pdf>



MASSACHUSETTS MIRACLE OR MASSACHUSETTS MISERABLE: WHAT THE FAILURE OF “MASSACHUSETTS MODEL” TELLS US ABOUT HEALTH CARE REFORM. Cato Institute. Michael Tanner. June 9, 2009.

When Massachusetts passed its pioneering health care reforms in 2006, critics warned that they would result in a slow but steady spiral downward toward a government-run health care system. Three years later, those predictions appear to be coming true, says the author.

<http://www.cato.org/pubs/bp/bp112.pdf> [PDF format, 12 pages].

NEW ONLINE RESOURCE: Healthcare.Cato.org

Provides in-depth analysis of health care issues and reform initiatives with a wealth of resources on how individual choice and competition—not more government control—are the changes we need.

<http://healthcare.cato.org/>

FORK IN THE ROAD: ALTERNATIVE PATHS TO A HIGH PERFORMANCE U.S. HEALTH SYSTEM. Commonwealth Fund. Cathy Schoen et al. June 24, 2009.

A comprehensive approach to health insurance, provider payment, and care delivery system reforms has the potential to slow health care cost increases while achieving near-universal coverage, according to the report. The potential savings for families, businesses, and the federal government vary markedly, however, depending on whether or not a public insurance plan option is included and how such a plan is structured. [HTML format, various paging].

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Jun/Fork-in-the-Road.aspx>



THE 2009 HEALTH CONFIDENCE SURVEY: PUBLIC OPINION ON HEALTH REFORM VARIES. Employee Benefit Research Institute. July 2009.

The report indicates that Americans have already formed strong opinions regarding various aspects of health reform, even before details have been released regarding various key factors. These issues include health insurance market reform, the availability of a public plan option, mandates on employers and individuals, subsidized coverage for the low-income population, changes to the tax treatment of job-based health benefits, and regulatory oversight of health care. [PDF format, 20 pages].

http://www.ebri.org/pdf/briefspdf/EBRI_IB_7-2009_HCS_09.pdf



UNDERSTANDING CBO HEALTH COST ESTIMATES. Donald B. Marron. Heritage Foundation Backgrounder #229. July 15, 2009

Budget issues are central to the ongoing debate over health care reform. Many policymakers want to expand insurance coverage, but boosting federal spending is a challenge given today's record deficits. At the same time, some policymakers want to address our nation's long-run fiscal imbalance, which is being driven by rapidly rising health care costs and population aging. Finally, many people in the policy community remember how budget considerations helped to derail the reform

proposals put forward by President Bill Clinton in the 1990s. For all of those reasons, policymakers, analysts, and journalists are paying particularly close attention to the budget analyses of the Congressional Budget Office (CBO). CBO analyses often rely on sophisticated economic modeling and are usually framed in ways that match the specific, sometimes arcane, requirements of the congressional budget process. As a result, the cost estimates and related analyses may sometimes be challenging to understand. The unfortunate result can be confusion about what the scores mean and, equally important, what they do not mean.

http://www.heritage.org/Research/HealthCare/upload/bg_2298-3.pdf

THE HOUSE HEALTH CARE BILL: A BLUEPRINT FOR FEDERAL CONTROL. Robert E. Moffit, Ph.D. Heritage Foundation WebMemo #2515. July 1, 2009

The U.S. House of Representatives leadership recently unveiled a mammoth 852-page blueprint for overhauling Americans' health care: the draft "Tri-Committee Health Reform Bill." It is the product of three major House Committees with jurisdiction over health policy-- Education and Labor, Energy and Commerce, and Ways and Means. If enacted, this comprehensive legislation would amount to federal control of the health care sector of the economy, with the implementation of far-reaching policies impacting doctors and patients in the public as well as the private sector.

<http://www.heritage.org/Research/HealthCare/wm2515.cfm>

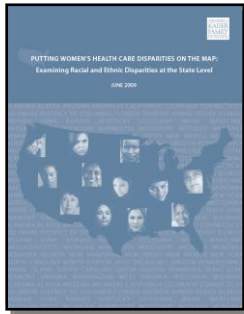


HEALTHCARE EQUALITY INDEX: CREATING A NATIONAL STANDARD FOR EQUAL TREATMENT OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PATIENTS AND THEIR FAMILIES. Human Rights Campaign Foundation. May 12, 2009.

A key finding in the 2009 Healthcare Equality Index is the dramatic disparity between the number of patient non-discrimination policies inclusive of sexual orientation and those inclusive of gender identity. Less than seven percent of participating facilities protect patients from discrimination based on gender identity, while nearly three-quarters of

participants provide these protections based on sexual orientation. The finding is symptomatic of the healthcare discrimination faced by transgender Americans every day, from the explicit denial of healthcare services to insensitive remarks by medical staff. [PDF format, 48 pages]

http://www.hrc.org/documents/Healthcare_Equality_Index_2009.pdf

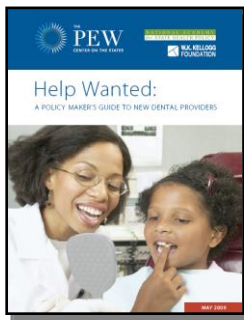


PUTTING WOMEN'S HEALTH CARE DISPARITIES ON THE MAP: EXAMINING RACIAL AND ETHNIC DISPARITIES AT THE STATE LEVEL. Kaiser Family Foundation. June 2009.

The report documents the persistence of disparities on 25 indicators between white women and women of color, including rates of diseases such as diabetes, heart disease, AIDS and cancer, as well as insurance coverage and health screenings. It also documents disparities in the factors that influence health and access to care, such as income and education. Women of color fared worse than white women on most

measures and in some cases the disparities were stark.

<http://www.kff.org/minorityhealth/upload/7886.pdf> [PDF format, 112 pages].



HELP WANTED: A POLICY MAKER'S GUIDE TO NEW DENTAL PROVIDERS. By Shelly Gehshan, Mary Takach et al. The National Academy for State Health Policy and the Pew Center on the States, May 2009

Limited provider supply and increased demand for care are combining to create the growing national problem. Shortages of private dentists—especially in low-income, inner-city, and rural communities—and limited availability of government-supported dental care restrict patient access. The supply of private dentists who participate in public health

insurance programs and who serve young children, the elderly, people with disabilities and immigrants is also acutely constrained. Dentists are also poorly distributed, with too few in many communities that need them and too many in others. At the same time, Americans are living longer and doing so with more of their natural teeth than past generations, putting additional strain on an already taxed system of care. It is not surprising that dental problems disproportionately affect low-income families, children, and racial and ethnic minorities.

Issue Brief:

http://www.pewcenteronthestates.org/uploadedFiles/Dental_IssueBrief_final.pdf

Report:

http://www.pewcenteronthestates.org/uploadedFiles/Dental_Report_final_Low%20Res.pdf

OBESITY

U.S. OBESITY TRENDS 1985-2008. Centers for Disease Control and Prevention. July 8, 2009.

The proportion of U.S. adults who are obese increased to 26.1 percent in 2008 compared to 25.6 percent in 2007. The data come from CDC's Behavioral Risk Factor Surveillance System (BRFSS), a state-based phone survey that collects health information from adults aged 18 and over. In six states, Alabama, Mississippi, Oklahoma, South Carolina, Tennessee and West Virginia, adult obesity prevalence was 30 percent or more. Thirty-two states, including those six, had obesity prevalence of 25 percent or more. Only one state, Colorado, had a prevalence of obesity less than 20 percent. But no state showed a significant decrease in obesity prevalence from 2007 to 2008.

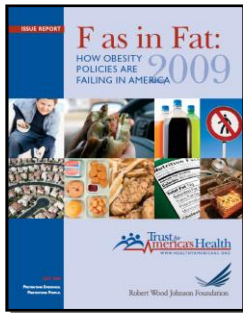
<http://www.cdc.gov/obesity/data/trends.html>



XTREME EATING 2009. Center for Science in the Public Interest. Jayne Hurley and Bonnie Liebman. June 2, 2009.

Extreme, high in calories, appetizers, entrées, and desserts at America's chain restaurants are making Americans fatter and sicker, and the trendy thing for chains to do is to make already bad foods even worse, according to the report. Bacon cheeseburgers come nestled inside quesadillas. Half racks of ribs are promoted as side orders to steak. Golf-ball-size blobs of macaroni and cheese are tossed in the deep-fryer and served with creamy marinara sauce and even more cheese.

http://cspinet.org/new/pdf/x-treme_eating.pdf [PDF format, 3 pages].



F AS IN FAT 2009: HOW OBESITY POLICIES ARE FAILING AMERICA. Trust for America's Health. July 2009.

Adult obesity rates increased in 23 states and did not decrease in a single state in the past year, according to the report. In addition, the percentage of obese or overweight children is at or above 30 percent in 30 states.

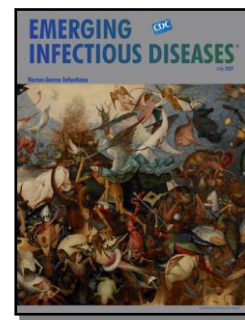
[PDF format, 108 pages].

<http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>

INFECTIOUS DISEASES NEWS

EMERGING INFECTIOUS DISEASES. CGC, Volume 15, Number 7–July 2009

http://www.cdc.gov/eid/content/15/7/pdfs/EID_Vol15No7.pdf

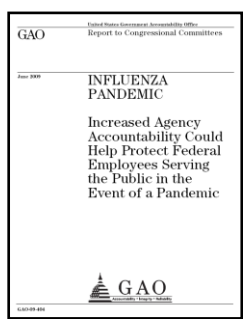


PANDEMIC INFLUENZA

DYNASTY: INFLUENZA VIRUS IN 1918 AND TODAY. National Institute of Health, June 29, 2009

The influenza virus that wreaked worldwide havoc in 1918-1919 founded a viral dynasty that persists to this day, according to scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. In an article published online on June 29 by the New England Journal of Medicine, authors Anthony S. Fauci, M.D., Jeffery K. Taubenberger, M.D., Ph.D., and David M. Morens, M.D., argue that we have lived in an influenza pandemic era since 1918, and they describe how the novel 2009 H1N1 virus now circling the globe is yet another manifestation of this enduring viral family.

http://www3.niaid.nih.gov/news/newsreleases/2009/dynasty_flu.htm



INFLUENZA PANDEMIC: INCREASED AGENCY ACCOUNTABILITY COULD HELP PROTECT FEDERAL EMPLOYEES SERVING THE PUBLIC IN THE EVENT OF A PANDEMIC. U.S. Government Accountability Office. June 16, 2009.

GAO surveyed the 24 agencies employing nearly all federal workers to gain an overview of government wide pandemic influenza preparedness efforts and found that a wide range of pandemic planning activities are under way. However, as of early 2009, several agencies reported that they were still developing their pandemic plans and their measures to

protect their *workforce*.

<http://www.gao.gov/new.items/d09404.pdf> [PDF format, 48 pages].

HEALTH DEPARTMENTS GET MIXED MARKS FOR USING WEB TO COMMUNICATE ABOUT FLU CRISIS. RAND, July 7, 2009

State and local health departments get mixed marks for efforts to convey information about the H1N1 virus to the public using their Web sites immediately after U.S. officials declared a public health emergency in April, according to a new RAND Corporation study. While 46 of 50 state health departments posted some information about the outbreak within 24 hours of the federal announcement, the performance of local health departments was inconsistent. Just one-third of the 153 local health departments studied posted information to their Web sites within 24 hours of the announcement, although larger jurisdictions did better, according to the RAND Health study published online by the journal Health Affairs. Performance varied widely among local health departments across the five states that had confirmed cases at the outset of the epidemic -- California, Texas, New York, Ohio and Kansas.

<http://www.rand.org/news/press/2009/07/07/>



PANDEMIC FLU PREPAREDNESS: LESSONS FROM THE FRONTLINES. Trust for America's Health, Center for Biosecurity, and Robert Wood Johnson Foundation. June 4, 2009.

The report finds that the initial response to the H1N1 outbreak showed strong coordination and communication and an ability to adapt to changing circumstances from U.S. officials, but it also shows how quickly the nation's core public health capacity would be overwhelmed if an outbreak were more severe or widespread. [PDF format, 24 pages]. <http://healthyamericans.org/assets/files/pandemic-flu-lesson.pdf>

WHY SWINE FLU DIFFERS FROM SEASONAL FLU. HealthDay News, July 2, 2009

Scientists have uncovered some intriguing clues about why the new swine flu frequently brings on gastrointestinal distress and vomiting, symptoms not usually associated with seasonal flu.

In experiments with ferrets, research teams in the United States and the Netherlands found that the new H1N1 flu virus replicated more extensively in the respiratory tract, going to the lungs, whereas the seasonal flu virus stayed in the animals' nasal cavity. The U.S. team also found that the new virus, unlike the seasonal one, went into the ferrets' intestinal tract.

USE OF REVISED INTERNATIONAL HEALTH REGULATIONS DURING INFLUENZA A (H1N1) EPIDEMIC. Katz R. 2009. *Emerg Infect Dis.* 2009 Aug; [Epub ahead of print]

Strong international health agreements and good planning created a structure and common procedure for nations involved in detection and evaluation of the emergence of influenza A (H1N1). This report describes a timeline of events that led to the determination of the epidemic as a public health emergency of international concern, following the agreed upon procedures of the International Health Regulations. These events illustrate the need for sound international health agreements and should be a call to action for all nations to implement these agreements to the best of their abilities.

<http://www.cdc.gov/eid/content/15/8/pdfs/09-0665.pdf>

HIV/AIDS

NIAID LEADERS OUTLINE RESEARCH AGENDA FOR UNIVERSAL, VOLUNTARY HIV TESTING AND TREATMENT. National Institute of Health. Press Release, Tuesday, June 9, 2009

Could a global program of universal, voluntary, annual HIV testing and immediate treatment for those who test positive effectively extinguish the HIV pandemic? Is such a program feasible? In the June 10 issue of the *Journal of the American Medical Association*, top HIV/AIDS research leaders at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, set forth a research agenda to answer these and other provocative questions that may help shape the future of HIV prevention.

http://www3.niaid.nih.gov/news/newsreleases/2009/test_treat.htm

STARTING ANTIRETROVIRAL THERAPY EARLIER YIELDS BETTER CLINICAL OUTCOMES; INTERIM REVIEW LEADS TO EARLY END OF CLINICAL TRIAL IN HAITI. National Institute of Health, Press Release, June 8, 2009

A clinical trial has demonstrated that HIV-infected adults in a resource-limited setting are more likely to survive if they start antiretroviral therapy (ART) before their immune systems are severely compromised. On May 28, 2009, an independent data and safety monitoring board (DSMB) met to conduct an interim review of an ongoing clinical study known as

CIPRA HT 001, which is being conducted in Haiti. The DSMB found overwhelming evidence that starting ART at CD4+ T cell counts—a measure of immune health—between 200 and 350 cells per cubic millimeter (mm³) improves survival compared with deferring treatment until CD4+ T cells drop below 200 cells/mm³. The new finding underscores the importance of identifying people who are HIV-infected earlier in the course of their infection and starting ART earlier.

http://www3.niaid.nih.gov/news/newsreleases/2009/CIPRA_HT_01.htm

PREVENTING HIV TRANSMISSION WITH ANTIRETROVIRALS. Kevin M De Cock, Siobhan P Crowley et al. WHO, 16 July 2009

By the end of 2007, about 3 million people were accessing antiretroviral therapy in poorer regions of the world. This achievement unimaginable a few years ago is in jeopardy due to limited resources and competing priorities in public health. The Bulletin of the WHO reports on current issues in HIV prevention.

<http://www.who.int/bulletin/volumes/87/7/09-067330/en/index.html>

TUBERCULOSIS AND OTHER DISEASES

GENOMES OF PARASITIC FLATWORMS DECODED: INFORMATION COULD LEAD TO NEW TREATMENTS FOR SCHISTOSOMIASIS. National Institute of Health, July 2009

Two international research teams have determined the complete genetic sequences of two species of parasitic flatworms that cause schistosomiasis, a debilitating condition also known as snail fever. *Schistosoma mansoni* and *Schistosoma japonicum* are the first sequenced genomes of any organism in the large group called Lophotrochozoa, which includes other free-living and parasitic flatworms as well as segmented roundworms, such as the earthworm.

http://www3.niaid.nih.gov/news/newsreleases/2009/schisto_genomes.htm



DISCOVERY OF NEW TRANSMISSION PATTERNS MAY HELP PREVENT ROTAVIRUS EPIDEMICS; New Vaccines Shift the Course of Childhood Diarrhea-Causing Disease and Could Have Big Global Impact. National Institute of Health, July 16, 2009

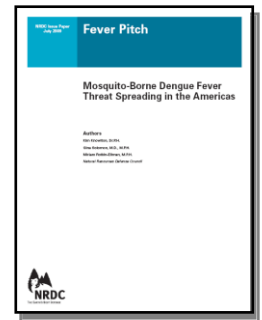
New vaccines have the potential to prevent or temper epidemics of the childhood diarrhea-causing disease rotavirus, protect the unvaccinated and raise the age at which the infection first appears in children, federal researchers reported in a study today. The findings were based on changing patterns of rotavirus transmission in the United States, where the disease is rarely fatal, and they have implications for combating epidemics in other countries where the death toll is much higher.

The research, published in the July 17 issue of the journal *Science*, is based on mathematical modeling that takes into account regional birth rates and predicted vaccination levels and effectiveness. The model suggests that when 80 percent or more of children in a given population are vaccinated, annual epidemics may occur on a less regular basis and more unvaccinated children will be protected. Data from 2007-2008, when vaccination first reached appreciable coverage levels in the United States, validate the model's predictions.

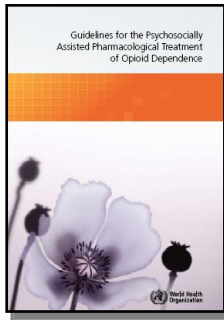
<http://www.nih.gov/news/health/jul2009/fic-16.htm>

**FEVER PITCH: MOSQUITO-BORN DENGUE FEVER THREAT
SPREADING IN THE AMERICAS. Natural Resources Defense Council.
Kim Knowlton et al. July 8, 2009.**

Two types of mosquitoes capable of transmitting the dengue fever virus are invading Southern and Mid-Atlantic states, creating conditions more favorable for an outbreak, according to a report released today by the Natural Resources Defense Council. Areas of the United States previously inhospitable to the disease now support populations of mosquitoes capable of carrying the virus — a problem that may worsen with global warming. An estimated 173.5 million Americans live in counties that now contain one or both of the mosquito species. <http://www.nrdc.org/health/dengue/files/dengue.pdf> [PDF format, 22 pages].



NARCOTICS AND SUBSTANCE ABUSE



GUIDELINES FOR THE PSYCHOSOCIALLY ASSISTED PHARMACOLOGICAL TREATMENT OF OPIOID DEPENDENCE. WHO, June 2009

These guidelines review the use of medicines such as methadone, buprenorphine, naltrexone and clonidine with psychosocial support in the treatment of people dependent on heroin or other opioids. They contain recommendations on the issues faced in organizing treatment systems, managing treatment programmes and in treating people dependent on opioids. The book is intended to be read by healthcare professionals

providing such treatment.

http://whqlibdoc.who.int/publications/2009/9789241547543_eng.pdf



U.S. ENGAGEMENT IN INTERNATIONAL TOBACCO CONTROL. By Benn McGrady. CSIS, Jun 2009

Greater U.S. engagement in international tobacco control efforts could bring benefits for global health on issues relating to surveillance and monitoring, illicit trade, and product regulation. Engagement could also benefit the United States in at least three ways. First, U.S. engagement with new international negotiations concerning illicit trade in tobacco products could ultimately help reduce domestic tax evasion and improve national security by addressing this trade as a potential source of

funding for terrorist organizations and organized crime. Second, international efforts relating to product regulation could feed into proposed U.S. regulatory processes and increase the chance of international standardization. Third, long-term and serious engagement with tobacco control could provide a significant payoff in restoring the U.S. reputation on tobacco issues, a reputation badly tarnished by past U.S. support for the expansion of tobacco markets in developing countries. To be taken seriously, however, the United States would have to begin with Senate ratification of the World Health Organization's Framework Convention on Tobacco Control and by being sensitive to foreign health authorities' use of the convention as an advocacy tool in their own domestic debates on tobacco control.

http://csis.org/files/publication/090612_McGrady_IntlTobaccoControl_Web.pdf



COMBATING TOBACCO USE IN MILITARY AND VETERAN POPULATIONS. Institute of Medicine. Stuart Bondurant and Roberta Wedge, Eds. Web posted June 26, 2009.

The health and economic costs of tobacco use in military and veteran populations are high. In 2007, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) requested that the Institute of Medicine (IOM) make recommendations on how to reduce tobacco initiation and encourage cessation in both military and veteran populations. The report concludes that to prevent tobacco initiation and encourage cessation, both DoD and VA should implement comprehensive tobacco-control programs.

http://www.nap.edu/catalog.php?record_id=12632 [HTML format with links to PDF files].

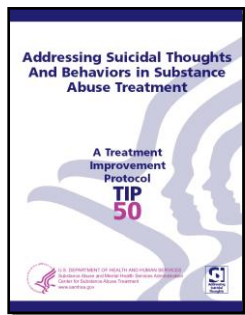
SUBSTANCE USE TREATMENT NEED AND RECEIPT AMONG HISPANICS. SAMHSA Report, July 16, 2009

Nearly 8.3 percent of all Americans of Hispanic origin ages 12 or over were classified as needing treatment in the past year for alcohol disorders according to



a new national study. The study by the Substance Abuse and Mental Health Services Administration (SAMHSA) also reveals that only 7.7 percent of these over 2.6 million Hispanic Americans with drinking disorders received the help they needed at a specialty treatment facility.

<http://oas.samhsa.gov/2k9/164/hispanics.cfm>



ADDRESSING SUICIDAL THOUGHTS AND BEHAVIORS IN SUBSTANCE ABUSE TREATMENT: A Treatment Improvement Protocol TIP 50. SAMHSA, July 2009

Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment, a new manual which offers substance abuse counselors a four-step process for addressing suicidal thoughts and behaviors in substance abuse treatment, is now available through the Substance Abuse and Mental Health Services Administration (SAMHSA). The manual is #50 in the Treatment Improvement Protocol (TIP) series. TIPs are best-practice guidelines used for the treatment of substance use disorders, issued by SAMHSA's Center for Substance Abuse Treatment (CSAT). TIP 50 assists substance abuse counselors in working with adult clients who may be suicidal and helps clinical supervisors and administrators support this work.

<http://kap.samhsa.gov/products/manuals/tips/pdf/TIP50.pdf>



YOUNG ADULTS' NEED FOR AND RECEIPT OF ALCOHOL AND ILLICIT DRUG USE TREATMENT: 2007. SAMSHA Report, June 25, 2009

Young adults compose the majority of the college and university populations and are the backbone of the entry-level workforce. Also, young adults traditionally have had higher rates of alcohol and illicit drug use compared with other age groups.¹ Ensuring that the behavioral health needs of this age group are met is an important priority with long-term consequences for the country.

<http://oas.samhsa.gov/2k9/157/YoungAdultsDrugTxt.htm>

CHRONIC DISEASES

DUCHENNE/BECKER MUSCULAR DYSTROPHY. CDC



Duchenne muscular dystrophy (DMD) is the most common form of muscular dystrophy in children. DMD is most often diagnosed when a child is 3 to 6 years of age. Early signs include delay in walking, frequent falling, and difficulty getting up from a sitting or lying position. Muscles become

weaker over time and children who have DMD usually become unable to walk by age 12. The disease is usually fatal in the teens or early 20s, most commonly due to severe breathing or heart problems, or both.

A milder form of the disease is known as Becker muscular dystrophy (BMD). Together, the two forms of the disease are referred to as Duchenne/Becker muscular dystrophy (DBMD). There are a few treatments that can help slow down the weakening of the muscles, such as the use of steroids, but there is currently no cure for DBMD.

<http://www.cdc.gov/Features/MuscularDystrophy/>

RESEARCHERS UNCOVER GENETIC VARIANTS LINKED TO BLOOD PRESSURE IN AFRICAN-AMERICANS; Findings May Point to New Avenues for Treatment, Prevention. National Institutes of Health Press Release, July 16, 2009

A team led by researchers from the National Institutes of Health (NIH) today reported the discovery of five genetic variants related to blood pressure in African-Americans, findings that may provide new clues to treating and preventing hypertension. The effort marks the first time that a relatively new research approach, called a genome-wide association study, has focused on blood pressure and hypertension in an African-American population.

<http://www.nih.gov/news/health/jul2009/nhgri-16a.htm>

NEW TECHNIQUE COULD SUSTAIN CANCER PATIENTS' FERTILITY; Researchers Grow Immature Egg Cells in the Laboratory for 30 Days, National Institutes of Health News, July 14, 2009

Researchers funded by the National Institutes of Health have completed a critical first step in the eventual development of a technique to retain fertility in women with cancer who require treatments that might otherwise make them unable to have children. The researchers have developed a method to advance undeveloped human eggs to near maturity, in laboratory cultures maintained outside the body. The technique focuses on the follicle, a tiny sac within the ovary that contains the immature egg. The researchers were able to grow human follicles in the laboratory for 30 days, until the eggs they contained were nearly mature. The research seeks to provide women who require a fertility-ending treatment with options for reproduction after their treatment is complete. Men facing such treatments can freeze their sperm for use at a later date. Female cancer patients have fewer options. Unlike sperm, eggs rarely survive freezing and thawing.

<http://www.nih.gov/news/health/jul2009/nichd-14.htm>

RACIAL DISPARITIES IN BREAST CANCER MORTALITY ARE NOT DRIVEN BY ESTROGEN RECEPTOR STATUS ALONE. National Cancer Institute News, Posted: 07/07/2009

Black women who are diagnosed with breast cancer have a higher probability of dying from the disease than white women, regardless of their estrogen receptor status. Differences in breast cancer mortality may reflect racial differences in access and response to innovative breast cancer treatments, as well as other biological and non-biological factors.

<http://www.cancer.gov/newscenter/pressreleases/ERDisparities>

SECOND GENE LINKED TO FAMILIAL TESTICULAR CANCER. National Cancer Institute News, Posted: 06/29/2009)

Specific variations or mutations in a particular gene can raise a man's risk of familial, or inherited, testicular germ-cell cancer, the most common form of this disease, according to new research by scientists at the National Institutes of Health. This is only the second gene to be identified that affects the risk of familial testicular cancer, and the first gene in a key biochemical pathway. The study appeared online June 23, 2009, in *Cancer Research*.

<http://www.cancer.gov/newscenter/pressreleases/TesticularNICHD>

RESEARCHERS IDENTIFY A NOVEL MECHANISM THAT COULD BE TARGETED TO PREVENT CANCER SPREAD. National Cancer Institute News, Posted: 06/25/2009)

Researchers have discovered a key to the function of a specific protein that helps control the levels of other critical proteins within cells, including a protein that suppresses the spread of cancer. The new information about the mechanism of action of the protein, called gp78, may enable researchers to explore new types of therapies to prevent the spread of cancer. The study, by researchers at the National Cancer Institute (NCI), part of the National Institutes of Health, was published in the June 26, 2009, issue of *Molecular Cell*.

In all human cells, damaged or unnecessary proteins are destroyed through a complex process that involves their being tagged with chains of a small protein called ubiquitin. The ubiquitin-tagged proteins are then directed to a sophisticated cellular structure known as the proteasome, which degrades the proteins.

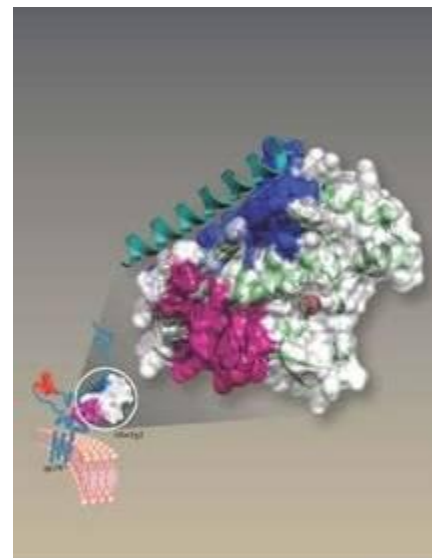
<http://www.cancer.gov/newscenter/pressreleases/UbiquitylationWeissman>

CANCER IMMUNOTHERAPY CAN USE SMALL NUMBERS OF STEM-LIKE IMMUNE CELLS TO DESTROY LARGE TUMORS IN MICE. National Cancer Institute News, Posted: 06/14/2009)

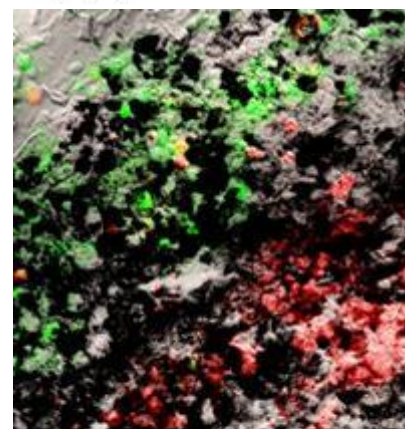
A new approach to stimulating immune cells enhances their anticancer activity, resulting in a powerful anti-tumor response in mice, according to a study by researchers at the National Cancer Institute, a part of the National Institutes of Health. This work represents an important advance in the development of immunotherapy for cancer and appears online June 14, 2009 in *Nature Medicine*.

Researchers found that a subset of immune cells, T lymphocytes called CD8+ memory stem cells, were capable of mediating strong anti-tumor immune response. These potent cells were generated in the laboratory by stimulating anti-tumor T cells in the presence of drugs designed to mimic an important signaling pathway called Wnt, which is a complex network of proteins whose interactions are essential during development and stem cell maintenance. Under the influence of Wnt, T lymphocytes acquired stem-cell-like properties of multipotency and self renewal; that is, they generated differentiating daughter cells while regenerating themselves when transferred back to mice from the lab. These stem-like qualities enabled tiny numbers of T cells (about 40,000 cells) to trigger the destruction of large melanoma tumors (containing about one billion malignant cells).

<http://www.cancer.gov/newscenter/pressreleases/wntImmunotherapy>



Shown is the gp78 molecule capturing its associated E2 molecule, Ube2g2, (white) using a unique domain called the Q2ER (the cyan colored helix) and interacting with the gp78 RING finger domain (magenta).



Shown in green are anti-tumor T cells attacking the dark colored tumor. Tumor cells light up with red color when they have been killed by the immune system.

**CANCER FACTS & FIGURES 2009. American Cancer Society. May 2009.**

Cancer death rates are falling steadily, according to the American Cancer Society's annual cancer statistics report, Cancer Facts & Figures 2009, and its companion article "Cancer Statistics, 2009," published in the Society's CA: A Cancer Journal for Clinicians. The drop is driven in large part by better prevention, increased use of early detection practices, and improved treatments for cancer. Cancer death rates dropped 19.2% among men during 1990-2005 and 11.4% among women during 1991-2005. Cancer incidence rates are also on the decline – they decreased 1.8% per year among men from 2001-2005 and 0.6% per year from 1998-2005 among women.

<http://www.cancer.org/downloads/STT/500809web.pdf> [PDF format, 72 pages].

MISCELLANEOUS

MIGRAINES WITH AURA IN MIDDLE AGE ASSOCIATED WITH LATE-LIFE BRAIN LESIONS. National Institute for Aging, June 23, 2009

Women who suffer from migraine headaches in middle age accompanied by neurological aura (visual disturbances, dizziness or numbness that can precede migraines) are more likely to have damage to brain tissue in the cerebellum later in life, according to a study by researchers at the National Institute on Aging (NIA) of the National Institutes of Health, the Uniformed Services University of the Health Sciences and the Icelandic Heart Association in Reykjavik. Researchers noted that many people have these types of “silent” brain lesions, but their effect on physical and cognitive function in older people is not well studied.

The study appears in the June 24, 2009, issue of the *Journal of the American Medical Association*. The researchers found that women are more susceptible than men to localized brain tissue damage identified on magnetic resonance images (MRI) and that women who reported having migraines with aura were almost twice as likely to have such damage in the cerebellum as women who reported not having headaches.

<http://www.nia.nih.gov/NewsAndEvents/PressReleases/PR20090623migraines.htm>

NIH LAUNCHES THE HUMAN CONNECTOME PROJECT TO UNRAVEL THE BRAIN'S CONNECTIONS. National Institutes of Health, July 15, 2009

The National Institutes of Health Blueprint for Neuroscience Research is launching a \$30 million project that will use cutting-edge brain imaging technologies to map the circuitry of the healthy adult human brain. By systematically collecting brain imaging data from hundreds of subjects, the Human Connectome Project (HCP) will yield insight into how brain connections underlie brain function, and will open up new lines of inquiry for human neuroscience.

Investigators have been invited to submit detailed proposals to carry out the HCP, which will be funded at up to \$6 million per year for five years. The HCP is the first of three Blueprint Grand Challenges, projects that address major questions and issues in neuroscience research.

<http://www.nih.gov/news/health/jul2009/ninds-15.htm>

SCHIZOPHRENIA AND BIPOLAR DISORDER SHARE GENETIC ROOTS; Chromosomal Hotspot of Immunity/Gene Expression Regulation Implicated. National Institutes of Health News, July 1, 2009

A trio of genome-wide studies — collectively the largest to date — have pinpointed a vast array of genetic variation that cumulatively may account for at least one third of the genetic risk for schizophrenia. One of the studies traced schizophrenia

(<http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>) and bipolar disorder

(<http://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>), in part, to the same chromosomal neighborhoods.

"These new results recommend a fresh look at our diagnostic categories," said Thomas R. Insel, M.D., director of the National Institute of Mental Health (NIMH), part of the National Institutes of Health. "If some of the same genetic risks underlie schizophrenia and bipolar disorder, perhaps these disorders originate from some common vulnerability in brain development."

<http://www.nih.gov/news/health/jul2009/nimh-01.htm>

BIOLOGICS IN PERSPECTIVE: THE CASE FOR GENERIC BIOLOGIC DRUGS. AARP Public Policy Institute. Leigh Purvis. May 2009.

Spending on biologic drugs is growing nearly twice as quickly as spending on traditionally developed “small molecule” drugs. One factor in the increase in spending on biologics is the lack of a statutory pathway to approve generic, or bio-equivalent, biologic drugs. Given the

substantial out-of-pocket costs that can be associated with using biologic drugs, many patients will face impeded access until generic biologic drugs become available.

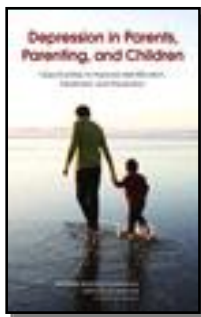
http://assets.aarp.org/rgcenter/health/fs155_biologics.pdf [PDF format, 2 pages]

NON-THERAPEUTIC USE OF ANTIBIOTICS IN ANIMAL AGRICULTURE, CORRESPONDING RESISTANCE RATES, AND WHAT CAN BE DONE ABOUT IT.

Laurie A. Garrett, Kammerle Schneider. Center for Global Development, June 19, 2009

The same commercial animal farms that provided the breeding grounds for the novel H1N1 A virus that caused the current "Swine Flu" pandemic are home to another dangerous threat to human health: antibiotic resistance. In the United States, feed animals--poultry, swine, cattle and sheep--are routinely fed low doses of antibiotics through their water or food troughs to promote growth and expedite weight gain. A series of large scale studies conducted by the Department of Agriculture in 1999, 2001 and 2006 revealed that over 80 percent of swine farms, cattle feedlots and sheep farms administer antibiotics for non-therapeutic purposes (i.e., not used to treat diseases). Many of the antibiotics used on animals are identical or closely related to those used to prevent infections among humans, including tetracyclines, macrolides, bacitracin, penicillins, and sulfonamides. Bacteria in animals (as in humans) are able to develop antibiotic resistance when exposed to low doses of drugs over a long period of time, contributing to the rise of pathogens that are able to defeat our shared antibiotic arsenal. For over a decade, multiple scientific studies have confirmed that the use of antibiotics in agricultural animals contributes to the development of resistant bacterial infections in humans.

<http://www.cgdev.org/content/article/detail/1422307/>

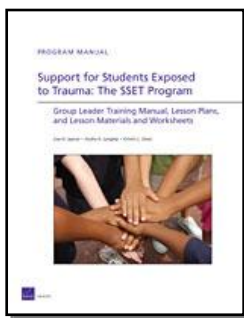


DEPRESSION IN PARENTS, PARENTING, AND CHILDREN: OPPORTUNITIES TO IMPROVE IDENTIFICATION, TREATMENT, AND PREVENTION. National Research Council and Institute of Medicine. June 2009.

Health and social service professionals who care for adults with depression should not only tackle their clients' physical and mental health, but also detect and prevent possible spillover effects on their children, says the report. To achieve this new family-focused model of depression care, federal and state agencies, nonprofits, and the private sector will have to experiment with nontraditional ways of organizing, paying for, and

delivering services, said the committee that wrote the report.

http://www.nap.edu/catalog.php?record_id=12565 [HTML format with link to PDF file].



THE SSET PROGRAM: SUPPORT FOR STUDENTS EXPOSED TO TRAUMA. By: Lisa H. Jaycox, Audra Langley, Kristin L. Dean. RAND, Jun. 25, 2009

Exposure to community and interpersonal violence is a public health crisis that adversely affects many children in American communities. After witnessing or experiencing trauma, many children experience symptoms of Post-Traumatic Stress Disorder and depression, behavioral problems, substance abuse, and poor school performance. The Support for Students Exposed to Trauma (SSET) program is a series of ten

lessons whose structured approach aims to reduce distress resulting from exposure to trauma. Designed to be implemented by teachers or school counselors in groups of 8–10 middle school students, the program includes a wide variety of skill-building techniques geared toward changing maladaptive thoughts and promoting positive behaviors. It is also intended to increase levels of peer and parent support for affected students.

http://www.rand.org/pubs/technical_reports/TR675/

Health Issues

July 2009

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